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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10077554 | <b>Applicant(s)/Patent Under Reexamination</b><br>COBBLEY ET AL. |
|   | <b>Examiner</b><br>HOA B TRINH             | <b>Art Unit</b><br>2893  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                       |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|-----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                       | NON-CLAIMED |  |  |  |  |  |  |  |
| 257                       |  | 676      |  |  |  | H                            | 0 | 1 | L | 23 / 495 (2006 01 01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 257                       | E31.118                                  | E21.499  |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 438                       | 106                                      |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 12    | 17       |       | 33       |       | 49       | 41    | 65       |       | 81       |       |          |       |          |
| 2   | 2        |       | 18       | 19    | 34       | 27    | 50       | 42    | 66       |       | 82       |       |          |       |          |
| 3   | 3        |       | 19       | 20    | 35       | 28    | 51       | 43    | 67       |       | 83       |       |          |       |          |
| 4   | 4        |       | 20       | 21    | 36       | 29    | 52       | 44    | 68       |       | 84       |       |          |       |          |
| 5   | 5        | 13    | 21       | 22    | 37       | 30    | 53       | 45    | 69       | 52    | 85       |       |          |       |          |
| 6   | 6        | 14    | 22       |       | 38       |       | 54       | 46    | 70       | 53    | 86       |       |          |       |          |
| 7   | 7        | 15    | 23       |       | 39       | 31    | 55       | 47    | 71       | 54    | 87       |       |          |       |          |
| 8   | 8        | 16    | 24       |       | 40       | 32    | 56       | 48    | 72       | 55    | 88       |       |          |       |          |
| 9   | 9        | 17    | 25       |       | 41       | 33    | 57       | 49    | 73       | 56    | 89       |       |          |       |          |
| 10  | 10       | 20    | 26       |       | 42       | 34    | 58       | 50    | 74       | 57    | 90       |       |          |       |          |
| 11  | 11       | 18    | 27       |       | 43       | 35    | 59       | 51    | 75       | 58    | 91       |       |          |       |          |
|   | 12       |       | 28       | 23    | 44       | 36    | 60       |       | 76       |       |          |       |          |       |          |
|   | 13       |       | 29       | 24    | 45       | 37    | 61       |       | 77       |       |          |       |          |       |          |
|   | 14       |       | 30       | 25    | 46       | 38    | 62       |       | 78       |       |          |       |          |       |          |
|   | 15       |       | 31       |       | 47       | 39    | 63       |       | 79       |       |          |       |          |       |          |
|   | 16       |       | 32       | 26    | 48       | 40    | 64       |       | 80       |       |          |       |          |       |          |

|   |            |                              |                   |
|---|------------|------------------------------|-------------------|
|   |            | <b>Total Claims Allowed:</b> |                   |
| (Assistant Examiner)                            | (Date)     | 58                           |                   |
| /HOA B TRINH/<br>Primary Examiner Art Unit 2893 | 11/16/2011 | O.G. Print Claim(s)          | O.G. Print Figure |
| (Primary Examiner)                              | (Date)     | 1, 44                        | 9, 10             |